DOCUMENT RESUME

ED 246 624 EC 162 876

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TITLE The Changing Role of the Special Education Teacher...from the Classroom into the Community.
PUB DATE Apr 84
NOTE 7p.; Paper presented at the Annual Convention of the Council for Exceptional Children (62nd, Washington, DC, April 23-27, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Administration; Community Programs; *Group Homes; Professional Education; *Severe Mental Retardation; *Special Education Teachers; *Staff Role

ABSTRACT

The paper gives a brief history of group homes for the severely handicapped, and describes a preservice/inservice training program developed for group home staff. The changing roles of the group home manager/special education teacher are seen to include personnel manager of paraprofessional and support staff, physical plant manager, pre- and in-service trainer, and vocational specialist. The use of competency based certificates is advocated as an approach to training group home managers. (SW)

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THE CHANGING ROLE OF THE SPECIAL EDUCATION TEACHER... FROM THE CLASSROOM INTO THE COMMUNITY

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CONNECTICUT INSTITUTE FOR THE BLIND: GLASTONBURY GROUP HOMES

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It is the purpose of this paper to give a brief history of the "coming of age" of group homes and the problems that can come with the growth. A preservice/inservice training program developed for use at our facility is also enclosed.

Years ago many in the field felt that a skilled nursing facility was the answer to the end of institutions. It didn't take long to realize this wasn't the way to go. During the '70's and '80's, placement of people with severe handicapping conditions again became a major issue. With the passage of P.L. 94-142 and Section 504 of the Rehabilitation Act of 1973, the right of individuals with handicapping conditions to equal educational opportunities as well as access to public facilities became law. Several court cases have since reaffirmed these rights. Pennhurst v. Halderman (1981), involving a resident of Pennhurst who brought suit against the institution, made several significant points:

1. Persons with developmental disabilities have the right to appropriate treatment, services and habilitation;
2. Treatment should be designed to maximize the individual's potential in the least restrictive environment;
3. State and Federal government have an obligation that funds not be provided to agencies not complying with statements 1 and 2 above.

Youngberg v. Romeo (1982) also resulted in several very important points:

1. The courts reaffirmed that citizens with mentally handicapping conditions are indeed citizens. The have the same basic rights to liberty, more normalized living conditions, services and the means to enforce their rights.
2. Not only did the case have a great deal of impact on individuals with handicaps, but also had an impact on professionals:
   A. Courts may oversee or even design procedures that assure that the professional's treatment is indeed "reasonable";
   B. Courts will be able to determine whether the training is "reasonable";
   C. Courts will be able to hold professionals liable if they find that there are no procedures for decision-making;
   D. Courts will pass judgment on whether professionals are "qualified".

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Other cases such as Board of Education v. Rowley (1982) and CARC v. Thorne (1984) continue to reinforce the rights of individuals with handicapping conditions.

All this has created a push in the development of group homes. The question now is whether we are creating another answer like the "skilled nursing facility situation" or are we putting more thought and preparation into the move into group homes.

How are we preparing people for the move from the institution into the group home, or are we bothering at all? One important fact to remember is that no matter what the current placement may appear to be like, it is still "home" to those residents, and that any change, no matter how "good" it is, is still a change for which the resident must be prepared. If at all possible, the people who will be moving into the group home should be brought together ahead of time. Moving to a new environment and having new peers at the same time can only serve to add to the confusion and possibly undermine the move. Visiting the new home before actually moving in and getting familiar with the community can also serve as a means of reducing the "culture shock".

Often the skills taught in institutions, although appropriate for the setting, are totally inappropriate for community living. This is often something that is impossible to change given the institutional environment. One way of handling the transfer which could make it much easier is through staff training. With the opening of increasing numbers of group homes as alternative to institutions, we are seeing a trend (as revealed through a survey of group home managers) where many of the group home <u>staff</u> are transfers from the institution. It is often felt that by hiring the staff who have worked with the residents already that it will ease the trauma of the move. In reality, this is procedure is often a hindrance as old habits and attitudes die hard.

It is equally important that we reaquaint staff with the community, prepare them for the behavioral changes that will appear and train them in the skills needed to be able to manage their time (which was done for them in the past). These changes in responsibility affect not only the direct care staff, but the group home teachers and managers as well.

The development of community-based programs for persons with severe handicapping conditions means some changing responsibilities for special education teachers. Before going further, please note that these responsibilities could be over and above teaching responsibilities.

One new role the "teacher" assumes is that of personnel manager. The teacher must interview, hire, train, supervise, counsel, discipline and, possibly, terminate three shifts of paraprofessional and support staff. The "teacher" will be on 24-hour call for emergency coverage, program back up, etc.

The "teacher" also assumes the role of physical plant manager responsible for: repairs and maintenance on an on-going basis with contracted service providers (house, grounds, vehicle); finding and scheduling with community-based medical providers; ordering, purchasing and inventory control of supplies; and financial management of group home and resident funds according to state agency requirements. All of these responsibilities are much greater in magnitude than those of a homeowner, especially when in the eyes of many service contractors your facility is treated as an "institution".

Closer to the traditional role of a teacher, but still significantly different enough to be a concern, is that of being a pre- and in-service trainer. The group home manager must, in a few short weeks, do what colleges and universities take four years to do: teach people how to teach. Staff members must be trained in how to provide a progressive, therapeutic, yet still home-like, environment. The group home manager must, to train staff successfully, be constantly aware of the critical difference between "andragogy", the teaching of adults, and "pedagogy", the teaching of children, which call upon different teaching orientations.

The group home manager must train staff in the technology of teaching persons with severe handicapping conditions: operant conditioning and learning theory applications, task analysis and applied behavior analysis.

Also needed is the setting up, directing and monitoring mandated documentation and records. For us, this has meant multiple sets of records to comply with the various agencies as our residents are under 21.

Finally, as stated above, training is needed for the "old hands" that have been "deinstitutionalized" with the residents. The change in roles and responsibilities will be great for them also. Without the proper recognition of this fact and relevant training and support, the adjustment of these staff members may be as difficult as that of the residents.

The last new role we have targeted is that of vocational specialist. "Transition" and "vocation" are the current buzzwords in the field, and the group home manager will hear them frequently.

The "teacher" will become responsible for interfacing with other agencies providing vocational training or employment on a contracted basis. The "teacher" may also be the person responsible for developing an in-house vocational program for the residents of the group home. That person will additionally be responsible for training staff members in providing vocational training/services for the residents.

To put a little perspective on things: we reviewed the job duties/functions of public school Directors of Special Education. 90% of the job duties reviewed were congruent with our job duties/functions. Some examples:

1. Plan, implement and administer special education programs in accordance with federal, state and local policies.
2. Supervise/evaluate staff, programs and facilities.
3. Participates in recruitment, selection, and hiring of staff.
4. Recommends physical facilities for location of special education programs.
5. Arranges transportation.
6. Plans, develops, provides pre- and in-service training.
7. Is liaison in contacts with Federal, State and local agencies dealing with persons with handicapping conditions.

The role adjustment that will probably cause the most professional disequilibrium is the loss of traditional "teaching" time, whether in the group home, community, vocational placement or classroom. Given the commitment level of special education people to their vocation, the resulting cognitive dissonance can be nearly overwhelming.

In a survey of group home managers in both privately and publicly funded houses, we found managers who had teaching backgrounds spending their time as follows:

1. Program planning.....20-25%
2. Household management...50%
3. Staff training.....5-10%
4. Medical appointments, consultations, paperwork, fundraising.....10-15%

The critical issue, we believe, is how we professionals move in a systematic and effective way to adapt to these changes. Professional preparation is the key to providing the skills needed to serve well people with severe handicapping conditions. Connecticut is probably indicative of what happens in many states. Connecticut has a large "in-house"operation, i.e. professionals working in the state are largely trained, either on an undergraduate or graduate level at colleges and universities in the state.

The orientation of these programs is still, by and large, toward serving students with mild and moderate handicapping conditions integrated into public school programs. Those programs focusing on severe needs individuals are limited in scope and classroom-focused. Anyone who knows of the work of Lou Brown will recall his tenet of community-based vocational training starting as early as possible.

Course content in special education preparation programs needs to be expanded to include new skill areas to ready professionals for community-based work. A number of skills are provided in a health care management curriculum:

1. Effective planning in a health care facility;
2. Direction and training of professional and paraprofessional staff;
3. Budgeting, accounting, financial management;
4. Personnel and labor relations;
5. Effective communication skills for managers;
6. Regulatory and legal issues.

There are other management skills needed in the portfolio of the group home manager, and should be provided ideally at the undergraduate level as B.S. degree holders are most likely to enter the profession as group home managers. These skills areas include:

1. Effective fact-finding;
2. Goal setting;
3. Committee management;
4. Time management;
5. Delegation of tasks;
6. Leadership;
7. Motivation.

These should be skills of good teachers as well as effective managers.

An alternative approach to developing these skills could revolve around use of CEU's or competency based-certificates as used in the medical and business professions. These CEU's from various sources could be included as part of a graduate program. In Connecticut, there is a proposal, which stands a very good chance of being implemented, to broaden the certificate regulation from two, provisional and standard, to four, ranging from intern to master teacher. Combining use of CEU's in new skill areas with a revised certification process could greatly enhance the profession and provide better programs for our students and clients.

Many once thought the magic answer for helping people with handicapping conditions was to put them together in institutions. Many once thought that deinstitutionalizing people with handicapping conditions into skilled nursing facilities and convalescent home was the magic answer. Will lack of professional training for the leaders in our field that is clearly needed lead people to say that group homes were once thought to be the magic answer?

We firmly intend to see that does not happen.

Paper presented at the Annual Convention of the Council for Exceptional Children (62nd, Washington, DC, April 23-27, 1984)